



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Texas Health DBA Injury 1 of Dallas

**Respondent Name**

Indemnity Insurance Co of North

**MFDR Tracking Number**

M4-13-1441-01

**Carrier's Austin Representative Box**

Box Number 15

**MFDR Date Received**

February 11, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "All DOS were paid correctly except for DOS 08/07/12 CPT cod 97546 WHCA \$14.40 paid, DOS 08/14/12 CPT code 97546 WHCA \$14.40 paid, DOS 09/10/12 CPT code 97546 WHCA \$14.40 paid, DOS 09/17/12 CPT code 97546 WHCA \$14.40 paid, DOS 09/18/12 CPT code 97546 WHCA \$14.40 paid & 09/21/12 CPT code 97546 WHCA \$14.40 paid."

**Amount in Dispute:** \$2,105.60

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Some dates of service within this dispute have been paid (attached are EOBs showing those payments); other are currently being reviewed by the Carrier's bill review company. Once the reviews are completed, EOBs will be forwarded showing all payments made."

**Response Submitted by:** Downs & Stanford, PC

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 7 – September 21, 2012	97546 WHCA	\$2,105.60	\$2,105.60

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out fee guidelines for Workers Compensation Specific Services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 309- The charge for this procedure exceeds the fee schedule allowance
  - 247 – A payment or denial has already been recommended for this service
  - 309- Description not available

**Issues**

1. Did the requestor support submitted charges met applicable fee schedule guidelines?

2. Is the requestor entitled to reimbursement?

### **Findings**

1. 28 Texas Administrative Code §134.204(h)(3) states in pertinent part, "For Division purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening.

(A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier "WH." Each additional hour shall be billed using CPT Code 97546 with modifier "WH." CARF accredited Programs shall add "CA" as a second modifier.

(B) Reimbursement shall be \$64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes.

Review of the submitted documentation finds the requestor did comply with applicable guidelines. Therefore, these services will be reviewed per applicable rules and fee schedule guidelines.

2. Per Texas Administrative Code §134.204(h)(3)(B), "Reimbursement shall be \$64 per hour."

Date of Service	Number of Units	Maximum Allowable Reimbursement (MAR)	Amount Paid	Amount Due
August 7, 2012	6	(\$64 x 6 = \$384.00)	\$14.40	\$369.60
August 14, 2012	6	(\$64 x 6 = \$384.00)	\$14.40	\$369.60
September 10, 2012	5.5	(\$64 x 5 = \$320.00 (64÷4= 16 x 1 = \$16) \$320.00 + \$16 = \$336.00	\$14.40	\$321.60
September 17, 2012	6	(\$64 x 6 = \$384.00)	\$14.40	\$369.60
September 18, 2012	5	(\$64 x 5 = \$320.00)	\$14.40	\$305.60
September 21, 2012	6	(\$64 x 6 = \$384.00)	\$14.40	\$369.60
Total		\$2,192.00	\$86.40	\$2,105.60

Review of the submitted documentation finds that total allowable reimbursement for the services in dispute is \$2,192.00. The Carrier paid \$86.40 leaving a remaining balance of \$2,105.60. This amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$2,105.60.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$2,105.60 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
April , 2014  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**